

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF NEW BEDFORD

mmonwealth Massachusetts File with: 29th or Fown Clerk or Election Commission A 1 1 2 37
ill in Reporting Period dates: Beginning Date: 1/28/13 Ending Date: BOARD OF ELECTION
ype of Report: (Check one) Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution
Dabora Coa ho Candidate Full Name (if applicable) Candidate Full Name (if applicable) Committee Name
Council Dr at large Jony Coalho Name of Committee Treasurer Office Sought and District Office Sought and District
61 NYa ST NB, m# 08740 Residential Address (Committee Mailing Address (Residential Address) (Tabutana Number (optional): TDX-971-0123
Telephone Number (optional): 506 - 171-017
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14) - 5 -
Line 5: Ending Balance (line 5 million 1997)
Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: Bay Coast Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance. I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, activity, of all persons acting under the authority or on behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete schedules and it is, to the best of my knowledge and belief and it is, to the best of my knowledge and belief at
Signed under the penalties of perjury: (Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Tt an receiptor 23	eipts" attachment is available to complete; jease include your committee name and a pa Name and Residential Address		Occupation & Employer (for contributions of \$200 or more)	
ate Received	(alphabetical listing required)	Amount	(IOI CONC.)	
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Line O. Total D	Leceipts over \$50 (or listed above)			
			•	
Line 10: Total !	Receipts \$50 and under* (not listed above	7		
	AL RECEIPTS IN THE PERIOD	\^	— ← Enter on page 1, line 2) should include only those receipts not itemized above. Property of the proper	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	-0-	Enter on page 1, line 2 uld include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

ate Paid	Expenditures" attachment is available tures. Please include your commi To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Total Expend	itures over \$50 (or listed above)	
				va)
			itures \$50 and under* (not listed abo	ve)
			PENDITURES IN THE PERIOD	L8.

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		.		
		Line 12: Expenditure	s over \$50 (or listed above)	
			s \$50 and under* (not listed above)	
		Line 15. Zapy	(PENDITURES IN THE PERIOD	_0

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 5 above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Date Received	From Whom Received			
				,
 -				
	·			
			ions over \$50 (or listed above)	
		Line 16: In-Kind Contributi	ons \$50 & under (not listed above	re)
	Enter on page 1, line 6 -	Line 17: TOTAL IN-KINI	D CONTRIBUTIONS	-0-

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

	To Whom Due	Address	Purpose	Amount
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10/27/02	(O#/40			
1-11-11-1	Belho dong		canpy loan	500.00
10/20/01/C	ha from			500
1/2/13	Jebr from		Campagn low	
7/0/1				
		<u> </u>		
1				
	1			
L	Enter on page 1, line	7 → Line 18: TOTAL	OUTSTANDING LIABILITIES	S(ALL) Zavo.